



Flathead County

Planning & Zoning

1035 1st Ave W, Kalispell, MT 59901
Telephone 406.751.8200 Fax 406.751.8210

PLANNED UNIT DEVELOPMENT OVERLAY APPLICATION

*Submit this application, all required information, and appropriate fee (see current fee schedule)
to the Planning & Zoning office at the address listed above.*

FEE ATTACHED \$ _____

DEVELOPMENT NAME: _____

OWNER(S) OF RECORD:

1. Name: _____ Phone: _____
2. Mail Address: _____
3. City/State/Zip: _____
4. Email: _____
5. Current zoning: _____ PUD overlay requested: _____
6. Type of PUD: ____ Residential ____ Commercial ____ Industrial ____ Marina ____ Mixed use

APPLICANT/TECHNICAL/PROFESSIONAL PARTICIPANTS:

Name: _____ Phone: _____
Mailing Address: _____
City, State, Zip: _____
Email: _____

Name: _____ Phone: _____
Mailing Address: _____
City, State, Zip: _____
Email: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT THE PROPERTY UPON WHICH THE PUD OVERLAY DISTRICT IS REQUESTED:

- A. Address of the property: _____
- B. Legal Description: _____
[Lot and Block of Subdivision or Tract #(s)]
_____-_____-_____
Section Township Range (Attach sheet for metes and bounds)
- C. Total acreage: _____ (must contain at least 2 acres)

D. Is the PUD located where public and private facilities and services are available or will become available by the time development reaches the stage where they will be required? _____

E. Is the property under single ownership? _____

PLEASE DISCUSS THE PROPOSAL IN RELATIONS TO THE FOLLOWING REVIEW CRITERIA:

A. Promoting the Growth Policy: _____

B. Extent to which the plan departs from the underlying zone and the subdivision regulations including but not limited to density, bulk and use, and the reasons why such departures are not detrimental to the public interest: _____

C. The nature and extent of the common open space in the PUD project, the reliability of the plans for maintenance and conservation of open space, and the adequacy of the amount and function of the open space: _____

D. The adequacy of the proposals provision for public services, control over vehicle traffic and amenities of light or air, recreation, and visual enjoyment: _____

E. The relationship of the planned development project to the neighborhood in which it is proposed: _____

F. In the case of a plan that proposes development over a period of years, the sufficiency of the terms and conditions proposed to protect and maintain the integrity of the plan:

G. Conformity with the applicable provisions of this chapter: (specifically 3.31.030 4. Use Regulations and 5. PUD Preliminary Plan)

The signing of this application signifies approval for FCPZ staff to be present on the property for routine monitoring and inspection during approval process.

Applicant Signature

Date

APPLICATION PROCESS

APPLICABLE TO ALL PUD OVERLAY DISTRICT APPLICATIONS:

A. Pre-Application Meeting:

A discussion with the Planning Director or designated member of staff must precede filing of this application. Among topics to be discussed are: compatibility with the Growth Policy, conformance to PUD review criteria, and the application procedure.

B. Application Submittal, including:

1. Completed PUD Overlay District Application form and completed subdivision preliminary plat application where applicable. *(If submitting a bound copy of the application materials, please also include one **unbound** copy for replication purposes).*
2. A map showing the location and boundaries of the property.
3. A **Certified** Adjoining Property Owners List must be submitted with the application *(see forms below)*. The list will be sent directly to the Planning & Zoning office, unless you request otherwise. This list is valid for a period of 6 months from date generated. You may also get a certified adjoining landowners list from a title company if you choose.
4. 16 copies of PUD preliminary plan (See Section 3.31.030 5 of Flathead County Zoning Regulations).
5. A Title Report of the subject property.
6. Application fee per schedule, made payable to the Flathead County Flathead Planning & Zoning Office (FCPZ).



Flathead County GIS
800 South Main Street
Kalispell, MT 59901
Phone (406) 758-5540
Fax (406) 758-5840



May 13, 2008

To: Whom it may concern
From: Mindy Cochran, GIS Program Manager
Subject: Adjacent Property Ownership List

To obtain a certified list of property ownership, please have the appropriate agency fill out the attached form and submit it to the Flathead County GIS Department at 800 South Main Street, located on the third floor of the old Courthouse.

The search fee is \$75.00 and is due at the time of request to the GIS Department. Please make checks payable to Flathead County. Your certified list will be ready one week from the date ordered. Rush orders will be accepted at the rate of \$150.00 per list.

For orders requested by the Flathead County Planning and Zoning Department, the completed list will be sent directly to the Planning Office. Otherwise, customers may pick up the certified list in the GIS Department.

Please note that the Planning Offices also accept ownership lists searched and certified by a local title company.

ADJACENT OWNERSHIP LIST REQUEST FORM

TO BE FILLED OUT BY THE PLANNING OFFICE, SURVEYOR OR ENGINEER

* SUBJECT PROPERTY OWNER	
* SUBJECT PROPERTY ASSESSOR #	
* SUBJECT PROPERTY LEGAL DESCRIPTION	
* SEC-TOWNSHIP-RANGE	
* BUFFER FOOTAGE	
* CONTACT PERSON	
* PHONE #	
BILLING ADDRESS	
* TODAYS DATE	
PICKUP DATE	
SUBCODE	
* PLANNER, SURVEYOR OR ENGINEER	

Fields marked with an * are required.
Incomplete forms will not be accepted.
Allow 1 week from receipt by GIS office.

Order forms can be submitted in the GIS office, by fax, or email.
Fax number: 406-758-5840
Email address: gis_ownership@flathead.mt.gov

Certified Ownership List - (Includes Paper Copy and Vicinity Map)

\$75.00

Certified Ownership List - Rush order - 24 to 48 hours

\$150.00